



GP 1772

PATENT
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF:

Corpus, Carol

Serial No. 09/344,411

Group Art Unit: 1772

Filed: June 26, 1999

Examiner: A. Chevalier

For: MULTI-LAYER SURFACE COVERING

Docket: 15-140

Assistant Commissioner for Patents
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment/response for this application.

STATUS

2. Applicant is

XX a small entity -- verified statement:

_____ attached.

XX already filed.

_____ other than a small entity.

CERTIFICATE OF MAILING (37 CFR 1.8a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the "Assistant Commissioner for Patents, Washington, D.C. 20231.

ELLEN M. GRZELAK
(Type or print name of person mailing paper)

Date: 1/21/00

Ellen M Grzelak
(Signature of person mailing paper)

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37CFR 1.136 apply.

(complete (a) or (b) as applicable)

- (a) _____ Applicant petitions for an extension of time for the total number of months checked below:

| Extension (months) | Fee for other than small entity | Fee for small entity |
|-----------------------|------------------------------------|-------------------------|
| _____ one month | \$ 110.00 | \$ 55.00 |
| _____ two months | 380.00 | 190.00 |
| _____ three months | 870.00 | 435.00 |
| _____ four months | 1,360.00 | 680.00 |

Fee \$ _____

If an additional extension of time is required please consider this a petition therefor.

(check and complete the next item, if applicable)

_____ An extension for _____ months has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____

OR

- (b) XX Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims has been calculated as shown below:

| (Col. 1) | (Col. 2) | (Col. 3) | Small Entity | Other than a Small Entity |
|--|-------------------|------------|--------------|------------------------------|
| Claims Remaining Highest No. | Present | Addit. | | Addit. |
| After Amendment Previously | EXTRA Paid for | Rate Fee | | Rate Fee |
| TOTAL 39 | MINUS * 39 = | x 9 = \$ | x 18 = \$ | |
| INDEP. 5 | MINUS ** 5 = | x 39 = \$ | x 78 = \$ | |
| ____ First Presentation of Multiple Dep. Claim | | x 135 = \$ | x 260 = \$ | |
| | | Total \$ | or | Total \$ |

* If the Highest No. Previously Paid for in this space is less than 20, enter "20".

** If the Highest No. Previously Paid for in this space is less than 3, enter "3".

- (c) XX No additional fee is required

OR

- (d) _____ Total additional claim fee required \$0_____

FEE PAYMENT

5. _____ Attached is a check in the sum of \$ _____
_____ Charge Account No. 23-0630 in the sum of \$ _____
A duplicate of this transmittal is attached.

Fee Deficiency

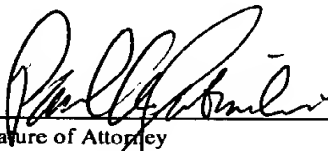
6. XX If any additional extension and/or fee is required, this is the request therefor and to charge
Account No. 23-0630

And/Or

XX If any additional fee for claims is required, charge Account No. 23-0630.

Reg. No.: 34,429

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Signature of Attorney

Paul A. Serbinowski

Type or Print Name of Attorney

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